



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
OFFICE OF VITAL RECORDS
710 James Robertson Parkway, 1st Floor, Andrew Johnson Tower
Nashville, TN 37243

CERTIFICATION OF NEXT OF KINSHIP

Date: _____

I, _____, do hereby certify that I am the closest surviving next of kin to
_____, who died on _____. My relationship to the
decedent is _____. To my knowledge there are no other relatives more
directly related the decedent. I certify that all who would have closer next of kin status are
deceased.

**Please provide name, relationship and date of death for the relatives
who are now deceased but would have had a closer relationship.**

Name	Relationship	Date of Death
------	--------------	---------------

(Please Print All Information)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____	Address: _____
-------	----------------

Signature

City: _____ State _____ Zip: _____

_____	Daytime Telephone: (____) _____
-------	---------------------------------

Print Name